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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
 This appln claims benefit of 60/450,333 02/28/2003 ✓ *JHAA*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
 NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY CA ✓	SHEETS DRAWING 27 ✓	TOTAL CLAIMS 47 ✓	INDEPENDENT CLAIMS 4 ✓
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AIR MAIL

TITLE  
 Opioid delivery system ✓

FILING FEE	FEES: Authority has been given in Paper	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of
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